

County: Pierce  
HERITAGE OF ELMWOOD NURSING HOME  
P.O. BOX 86

Facility ID: 4120

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ELMWOOD 54740 Phone:(715) 639-2911  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 59  
Total Licensed Bed Capacity (12/31/02): 65  
Number of Residents on 12/31/02: 49

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 54

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.7
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		34.7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	4.1	More Than 4 Years		32.7
Day Services	No	Mental Illness (Org./Psy)	53.1	65 - 74	6.1			-----
Respite Care	No	Mental Illness (Other)	6.1	75 - 84	32.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	4.1	65 & Over	95.9	-----		
Transportation	No	Cerebrovascular	6.1		-----	RNs		8.6
Referral Service	No	Diabetes	4.1	Sex	%	LPNs		12.3
Other Services	No	Respiratory	8.2	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.3	Male	26.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	73.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	23	71.9	118	0	0.0	0	17	100.0	128	0	0.0	0	0	0.0	0	40	81.6
Intermediate	---	---	---	8	25.0	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	16.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	3.1	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		32	100.0		0	0.0		17	100.0		0	0.0		0	0.0		49	100.0

*****									
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally	Total	
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent	Number of Residents	
Private Home/No Home Health	19.0	Bathing		12.2	34.7		53.1	49	
Private Home/With Home Health	7.9	Dressing		14.3	36.7		49.0	49	
Other Nursing Homes	1.6	Transferring		34.7	12.2		53.1	49	
Acute Care Hospitals	69.8	Toilet Use		24.5	22.4		53.1	49	
Psych. Hosp.-MR/DD Facilities	0.0	Eating		59.2	20.4		20.4	49	
Rehabilitation Hospitals	0.0								
Other Locations	1.6	*****							
Total Number of Admissions	63	Continence			% Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter			8.2		Receiving Respiratory Care		24.5
Private Home/No Home Health	36.2	Occ/Freq. Incontinent of Bladder			26.5		Receiving Tracheostomy Care		0.0
Private Home/With Home Health	17.4	Occ/Freq. Incontinent of Bowel			2.0		Receiving Suctioning		2.0
Other Nursing Homes	8.7						Receiving Ostomy Care		0.0
Acute Care Hospitals	1.4	Mobility					Receiving Tube Feeding		2.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained			8.2		Receiving Mechanically Altered Diets		26.5
Rehabilitation Hospitals	0.0								
Other Locations	2.9	Skin Care					Other Resident Characteristics		
Deaths	33.3	With Pressure Sores			6.1		Have Advance Directives		100.0
Total Number of Discharges		With Rashes			0.0		Medications		
(Including Deaths)	69						Receiving Psychoactive Drugs		69.4
*****									
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									
*****									
	This Facility	Ownership: Government		Bed Size: 50-99		Licensure: Skilled		All	
	%	Peer Group		Peer Group		Peer Group		Facilities	
		%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.8	83.8	0.98	87.1	0.94	85.3	0.96	85.1	0.96
Current Residents from In-County	46.9	84.4	0.56	81.5	0.58	81.5	0.58	76.6	0.61
Admissions from In-County, Still Residing	12.7	35.0	0.36	20.0	0.63	20.4	0.62	20.3	0.63
Admissions/Average Daily Census	116.7	74.2	1.57	152.3	0.77	146.1	0.80	133.4	0.87
Discharges/Average Daily Census	127.8	75.8	1.69	153.5	0.83	147.5	0.87	135.3	0.94
Discharges To Private Residence/Average Daily Census	68.5	24.2	2.83	67.5	1.02	63.3	1.08	56.6	1.21
Residents Receiving Skilled Care	81.6	86.6	0.94	93.1	0.88	92.4	0.88	86.3	0.95
Residents Aged 65 and Older	95.9	83.9	1.14	95.1	1.01	92.0	1.04	87.7	1.09
Title 19 (Medicaid) Funded Residents	65.3	76.6	0.85	58.7	1.11	63.6	1.03	67.5	0.97
Private Pay Funded Residents	34.7	17.1	2.03	30.0	1.16	24.0	1.45	21.0	1.65
Developmentally Disabled Residents	2.0	3.2	0.63	0.9	2.22	1.2	1.73	7.1	0.29
Mentally Ill Residents	59.2	56.1	1.06	33.0	1.79	36.2	1.64	33.3	1.77
General Medical Service Residents	14.3	14.6	0.98	23.2	0.62	22.5	0.63	20.5	0.70
Impaired ADL (Mean)	58.8	49.6	1.18	47.7	1.23	49.3	1.19	49.3	1.19
Psychological Problems	69.4	61.4	1.13	54.9	1.26	54.7	1.27	54.0	1.28
Nursing Care Required (Mean)	7.7	6.4	1.20	6.2	1.23	6.7	1.14	7.2	1.06